

Application Data Sheet**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	HYDRAZIDE TYPE COMPOUNDS AND THE USE THEREOF IN PHARMACEUTICAL COMPOSITIONS FOR THE TREATMENT OF CARDIOVASCULAR DISEASES
Attorney Docket Number::	0617-1026
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	18
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: GERARD  
Middle Name::  
Family Name:: MARGUERIE  
Name Suffix::  
City of Residence:: VITRY-SUR-SEINE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing 68 RUE DU GENIE  
Address::  
City of Mailing Address:: VITRY-SUR-SEINE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-94400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ERIC  
Middle Name::  
Family Name:: MALAUD  
Name Suffix::  
City of Residence:: NIMES  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing RESIDENCE LE MARC-AURELE,  
Address:: 67 BOULEVARD JEAN JAURES

City of Mailing Address:: NIMES  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: F-30900

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2005/000199	1/31/05

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0400913	1/30/04	Yes

**Assignment Information**

Assignee Name::  
Street of Mailing  
Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code of Mailing Address::